

JD 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the
District of Nevada

FILED	RECEIVED
ENTERED	SERVED ON
COUNSEL/PARTIES OF RECORD	
MAR 24 2023	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: _____	W. DEPUTY

DENNIS CRAIG JOHNSON

Plaintiff/Petitioner

v.

UNITED STATES

Defendant/Respondent

2:23-cv-00447-JAD-NJK

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at:

N/A

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

N/A

My gross pay or wages are: \$ 0.00 , and my take-home pay or wages are: \$ 0.00 per
(specify pay period) N/A

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

I Dennis am fully retired. I am 100% Totally and Permanently Disabled. I am a 100% VA Service-Connected Disabled Veteran.

I receive Social Security Disability (SSD) in the amount of \$950.50 a month (Gross).

I receive Veterans Disability Benefit/Entitlement in the amount of \$8,858.52 a month (Gross).

This higher amount is based on the fact I am "Homebound" and receive VA "Aid and Attendance", also both my Wife and Daughter are my Dependents under VA, they are both Totally and Permanently Disabled - My Wife from a MVA she was hit by a drunk driver severely permanently injured, and my Daughter was born with moderate Tourette's Syndrome and moderate Spina Bifida.

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4. Amount of money that I have in cash or in a checking or savings account: \$ 376.58

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*.

I/We own one of our Cars, our 2018 4WD Jeep Cherokee. Purchased in 2018 when I, Dennis, was awarded my VA SAH Claim after 8 long years, it came with a 5 yr. retro \$ amount. We used this amount to purchase our Jeep Cherokee.

Value, according to KKB is. \$21,450 Trade-In; \$24,075 Private Party

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*

Please see attached sheet.

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

I, Dennis Johnson, have 2 Dependents, my Wife Yvonne, and our Adult Daughter Christina, whom is my Step-Daughter since the age of 3 yrs. For and with my Wife I/We support each other and our Adult Daughter with the support of my VA Benefits and Entitlements that include for both my Wife and our Daughter. Our Daughter a lifelong VA Dependent due to her severe Tourette's Syndrome and mild Spina Bifida. My Wife and I both contribute significantly to our Daughter we provide 90% for her needs. Thankfully, she is very responsible, practical and conscientious.

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*

All stated in Question #6.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 03/24/2023


Applicant's signature

Dennis C. Johnson
Printed name

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying
Fees or Costs (Short Form), Continued - For more needed space –
MR. DENNIS C. JOHNSON

*6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses
(describe and provide the amount of the monthly expense)*

Housing/Real Estate - Mortgages:

*Our Home, primary residence, here, in N LV NV @ 5228 Coleman St. - Our monthly mortgage
amt. is \$1,522.64 a mo.

*Our Home, secondary residence, in Lake Havasu City, AZ @ 3600 Vega Dr., our dependent
disabled Daughter with her immediate family live. - Our monthly mortgage pmt. is \$2,495.44 a
mo.

Last Spring 2022 we refinanced it with a small cash out we used for urgently needed
renovations on both homes.

Utilities:

At 3600 Vega Dr. AZ Home:

*Optimum Satellite Service - \$135.33 a mo.

*LHC DES UT Bill - \$32.92 a mo.

*Amer. Home Shield Home Protection Plan Insurance - \$175.74 a mo.

*Unisource UNS Electricity Bill - \$193.88 a mo.

At 5228 Coleman St. NV Home:

*Amer. Home Shield Home Protection Plan Insurance - \$65.24 a mo.

*Century Link Satellite Service - \$105.20 a mo.

*NV Energy Bill - \$117.60 a mo.

*Southwest Gas Bill - \$192.93 a mo.

*CNLV Utilities Bill - \$143.66 a mo.

*Netflix - \$21.51 a mo.

Loan Payments:

*Our 2019 Dodge Durango, Daughter uses. Our monthly car pmt. is \$663.00 a mo.

Other Regular Monthly Expenses:

*Medicare Insurance Premium Medicare deducted from my SSD is - \$164.90 a mo.

*Medicare Secondary for Dennis/USAA Life Humana Plan F - \$244.29 a mo.

*USAA FSB DES:ICPAYMENT - \$364.80 a mo.

*METLIFE VA Dental - \$129.12 a mo.

*Life Insurance United of Omaha - Yvonne- \$55.04 a mo.

*Life Insurance United of Omaha - Dennis - \$56.72 a mo.

*Humana Comp Benefit Part D-Prescription Coverage – Dennis - \$29.74 a mo.

*USAA Car Insurances - \$2,405.57 every 6-months = \$4,811.14 a year = \$400.92 a mo.

*Dennis out-of-pocket medications/Pharmacy costs – abt \$50.00 a mo.

*Yvonne's out-of-pocket medications/Pharmacy costs – \$240.00 a mo.

*Groceries - \$500.00 a mo.

*Car Maintenance i.e. annual registrations, gasoline, etc. - \$50.00 a mo.

TOTAL EXPENSES: \$8,150.62 a mo.



Social Security Administration Benefit Verification Letter

Date: February 28, 2023
BNC#: 23RY765C41836
REF: A, DI

•••••
DENNIS CRAIG JOHNSON
5228 COLEMAN ST
N LAS VEGAS NV 89031-0684

*0101BEV1N3:9BPu*CCM.M72.BEV1N.R2:0225

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly Social Security benefit before any deductions is \$950.50.

We deduct \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment is \$785.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2021 to November 2022, the full monthly Social Security benefit before any deductions was \$874.50.

We deducted \$170.10 for medical insurance premiums each month.

The regular monthly Social Security payment was \$704.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2000.

See Next Page

23RY765C41836

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You are entitled to medical insurance under Medicare beginning June 2000.

Your Medicare number is 3NQ8K37JG36. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is July 11, 1949.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-866-614-9667**.

SOCIAL SECURITY
4340 SIMMONS STREET
NORTH LAS VEGAS NV 89032

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

Your VA payments

Check your payment history for your VA disability compensation, pension, and education benefits.

Payments you received

We pay benefits on the first day of the month for the previous month. If the first day of the month is a weekend or holiday, we pay benefits on the last business day before the first. For example, if May 1 is a Saturday, we'd pay benefits on Friday, April 30.

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Date	Amount	Type	Method	Bank	Account
n/a	\$8,858.52	Compensation & Pension - Recurring	Direct Deposit	BANK OF AMERICA, N.A.	*****0855
Jan. 31, 2023	\$8,858.52	Compensation & Pension - Recurring	Direct Deposit	BANK OF AMERICA, N.A.	*****0855
Dec. 29, 2022	\$8,858.52	Compensation & Pension - Recurring	Direct Deposit	BANK OF AMERICA, N.A.	*****0855
Nov. 30, 2022	\$8,107.24	Compensation & Pension - Recurring	Direct Deposit	BANK OF AMERICA, N.A.	*****0855
Oct. 31, 2022	\$8,107.24	Compensation & Pension - Recurring	Direct Deposit	BANK OF AMERICA, N.A.	*****0855
Sept. 29, 2022	\$8,107.24	Compensation & Pension - Recurring	Direct Deposit	BANK OF AMERICA, N.A.	*****0855

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Note: Some payment details might not be available online. For example, direct-deposit payments of less than \$1 or check payments of less than \$5, won't show in your online payment history. Gross (before deductions) payments and changes will show only for recurring and irregular compensation payments.

If you have questions about payments made by VA, please call the VA Help Desk at [800-827-1000](tel:800-827-1000)

 **We don't have a record of returned payments**

We can't find any returned VA payments. If you think this is an error, or if you have questions about your payment history, please call [800-827-1000](tel:800-827-1000).

Learn what the PACT Act means for your VA benefits >



UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

**INFORMATION FOR FILING AN APPLICATION TO PROCEED
IN FORMA PAUPERIS UNDER 28 U.S.C. § 1915**

A. General Information

Please use the attached form if you are not an inmate. The fee for filing a civil case is \$402 (which includes the \$350 filing fee and the \$52 administrative fee). If you are unable to prepay fees or give security for them, you may apply to the court for leave to proceed *in forma pauperis*. 28 U.S.C. § 1915; District of Nevada Local Special Rule ("LSR") 1-1.

If you have the money to pay the full filing fee, please send a check or money order made payable to "CLERK, U.S. DISTRICT COURT" with your complaint or petition.

B. Submission of Application

To submit your application to proceed *in forma pauperis*, complete the attached form and return the form to the court. If you are a plaintiff and are requesting leave to proceed *in forma pauperis* at the beginning of your case, this application should be returned to the court along with your complaint or petition.

All civil actions must be filed in the clerk's office for the unofficial division of the court in which the action allegedly arose. Local Rule ("LR") IA 1-6, 1-8. The Clerk of the Court maintains offices in Las Vegas and Reno at the following addresses:

Unofficial Southern Division (Clark, Esmeralda, Lincoln, & Nye counties):

U.S. District Court Office of the Clerk
333 Las Vegas Boulevard, South, Room #1334
Las Vegas, NV 89101

Unofficial Northern Division (all other counties):

U.S. District Court Office of the Clerk
400 S. Virginia Street, Room #301
Reno, NV 89501

C. Decision

Once the court makes a decision on your application to proceed *in forma pauperis*, the court will enter an order in your case. The order may grant, deny, or impose a partial filing fee. The order may include additional instructions or request additional information.

If the court grants your application to proceed *in forma pauperis*, the court must screen your complaint under 28 U.S.C. § 1915(e)(2) to identify cognizable claims and dismiss claims that are frivolous, malicious, fail to state a claim on which relief may be granted, or seek monetary relief from a defendant who is immune from such relief. Due to the court's caseload, the screening process may take many months.